STANDARD FORM 1034 **REVISED JANUARY 1980** DEPARTMENT OF THE TREASURY PUBLIC VOUCHER FOR PURCHASES AND VOUCHER NO 1 TFRM 4-2000 SERVICES OTHER THAN PERSONAL 00000003 U.S DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DATE VOUCHER PREPARED SCHEDULE NO. EPA 12/15/2014 RESEARCH TRIANGLE PARK PAID BY FINANCIAL MANAGEMENT CENTER EP-C-11-038/Task Order 0026 MAIL CODE D143-02 REQUISITION NUMBER AND DATE RTP, NC 27711 DATE INVOICE RECEIVED PAYEE'S BATTELLE MEMORIAL INSTITUTE NAME DEPT. L 998 DISCOUNT TERMS AND COLUMBUS, OHIO 43260 **ADDRESS** PAYEE ACCOUNT NUMBER SHIPPED FROM GOVERNMENT B/L NUMBER NUMBER DATE OF ARTICLES OR SERVICES UNIT PRICE AMOUNT AND DATE DELIVERY (Enter description, item number of contract of Federal Quantity OF ORDER OR SERVICE supply schedule, and other information deemed necessary) COST PER COST REIMBURSABLE PROVISIONAL PAYMENT 10/31/2014 Please See Attached Continuation Sheets TO \$31,650.04 11/27/2014 "Summary Voucher" CostExemption 4 Confidential Business Information (CBI) Fee Total 31,650.04 REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purposes and in accordance with The Harl 150 Accounting Officer (Title) (USE CONTINUATION SHEET(S) IF NECESSARY) (Payee must NOT use the space below \$31,650.04 TOTAL PAYMENT APPROVED FOR **EXCHANGE FEE** DIFFERENCES PROVISIONAL COMPLETE. PARTIAL BY:2 FINAL PROGRESS TITLE Amount verified; collected for ADVANCE (Signature or initials) Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment Accounting Officer (Date) (Authorized certifying officer)2 (Title) ACCOUNT CLASSIFICATION CHECK NUMBER ON ACCOUNT OF U.S. CHECK NUMBER ON (Name of bank) TREASURY CASH DATE PAYEE 3 1 When stated in foreign currency, insert name of currency. PER 2 if the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official title.

TITLE

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing

the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260	Battelle The Business of Innovation	Involce: Involce Date:	10078470 12/15/2014
BIII To:		Due Date: Voucher:	01/14/2015 00000003
EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02			
RTP NC 27711 United States	Client Ref: EP-C-11-038/TO 0026 PR-ORD-	14-01577	

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

Billing Period FROM 10/31/2014 TO 11/27/2014

Cost Appropriation	91,939.00	Fee Appropriation	-	5,490.00	
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Direct Labor - BTSO		-	ĭ		<u>o</u>
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All costs are calculated at the transa	ction level, but summariz	ed for Billing purposes. Therefore, som	e rounding differe	nces may occur.	DIV
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VENDOR CODE: EPC11038

TRANS CODE: CD

VOUCHER NO: 3

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: HAGEL, WILLIAM A

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O.: KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150064

VOUCHER DATE: 12/15/2014

VOUCHER AMT:

31,650.04

SCHD DATE: 12/30/2014

HOLDBACK AMT:

0.00

CLOSED DATE: 12/30/2014

CLOSED AMT:

31,650.04

SUBMITTING SFO: 22

AGENCY HEAD APRVL:

**OUTSTANDING AMT:** 

IN TRANSIT AMT:

0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150064

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

-----PAYMENT VOUCHER-----VENDOR CODE

TC

NUMBER

ADV NUM

LN

3

SITE ID

PAYMENT AMOUNT

CHECK NUMBER

EPC11038

CD B5097788961

0461

6,956.00 02417440

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RTP, NC 27	711										1	
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AND ADDRESS		PT. L 998 S. OHIO 43260							T TERMS			
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NUMBER	DATE OF		ARTICLES OF						UNIT	PRICE		AMOUNT
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01/30/2015 TO 02/26/2015		COST REIMBURSABLE PROV Please See Attached Con	ISIONAL PAYMENT	omaton	received nece	55d1 <b>y</b> ]			COST	PER		\$34,602.46
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(Date)	:	(Authorized	certifying officer)2		_		_		A	ccounting (Title		
			AC	COUNT	CLASSIFICAT	ION						
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Remit To:  Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260		telle s of Innovation	Invoice: Invoice Date:	10082342 3/13/2015
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EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711 United States	8			
	Client Ref: EP-C-11-038/	TO 0026 PR-ORD-14-01577		
PLEASE INCLUDE OUR INVOICE NUMB	BER AND CUSTOMER ID AS RE			E. THANK YOU.
Cost Appropriation	\$96,796.00	Fee Appropriation		\$5,749.00
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the agreements set forth in th	2 - 170			
	Accounting Officer			
	THE CALL OF LAND			
(Name of Official)	(Title)			
(Name of Official)	(Title)			

BFG Risk Assessment

VENDOR CODE: EPC11038

TRANS CODE: CD

**VOUCHER NO: 6** 

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: BARNETT, FELICIA

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O.: KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150123

VOUCHER DATE: 03/13/2015

VOUCHER AMT:

34,602.46

SCHD DATE: 03/26/2015

HOLDBACK AMT:

0.00

CLOSED DATE: 03/26/2015

CLOSED AMT:

34,602.46

SUBMITTING SFO: 22

AGENCY HEAD APRVL:

**OUTSTANDING AMT:** 

IN TRANSIT AMT:

0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150123

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

-----PAYMENT VOUCHER-----VENDOR CODE

TC

NUMBER

ADV NUM

LN

3

SITE ID

**PAYMENT AMOUNT** 

CHECK NUMBER

EPC11038

CD B5098015769

0461

3,924.00 02918904

STANDARD FORM 1034 REVISED JANUARY 1983 PUBLIC VOUCHER FOR PURCHASES AND DEPARTMENT OF THE TREASURY VOUCHER NO 1 TERM 4-2000 SERVICES OTHER THAN PERSONAL 00000007 U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DATE VOUCHER PREPARED SCHEDULE NO. 04/15/2015 RESEARCH TRIANGLE PARK PAID BY FINANCIAL MANAGEMENT CENTER EP-C-11-038/Task Order 0026 MAIL CODE D143-02 REQUISITION NUMBER AND DATE RTP, NC 27711 DATE INVOICE RECEIVED PAYEE'S BATTELLE MEMORIAL INSTITUTE NAME **DEPT. L 998** DISCOUNT TERMS AND COLUMBUS, 04 O 43260 ADDRESS PAYEE ACCOUNT NUMBER SHIPPED FROM TO GOVERNMENT BA, NUMBER N.MBER DATE OF ARTICLES OR SERVICES UNIT PRICE TMUCMA AND DATE DELIVERY (Enter description, item number of contract of Federal Quantilly OF ORDER OR SERVICE supply schedule, and other information deemed necessary) COST PER COST REIMBURSABLE PROVISIONAL PAYMENT 02/27/2015 Flease See Attached Continuation Sheets TO \$27,472.48 03/26/2015 "Summary Voucher" Cottxemption 4 Confidential Business Information (CBI) 27,472.48 Total REMIT TO: ACH-EPA certify that all payments requested are for (USE CONTINUATION SHEET(S) IF NECESSARY) (Payee must NOT use the space below TOTAL \$27,472.48 PAYMENT APPROVED FOR EXCHANGE FEE DIFFERENCES PROVISIONAL COMPLETE PART'AL BY:2 FINAL PROGRESS TITLE Amount verified, collected for ADVANCE (Signature or initials) Pursuant to authority vested in me. I certify that this voucher is correct and proper for payment Accounting Officer (Date) (Authorized certifying officer)2 (Title) ACCOUNT CLASSIFICATION CHECK NUMBER ON ACCOUNT OF U.S. CHECK NUMBER ON (Name of bank) TREASURY CASH DATE PAYEE 3 1 When stated in foreign currency, insert name of currency PER 2 if the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official blie 3 When a veucher is receipted in the name of a company or corporation, the name of the porson writing TITLE the company or corporation name, as well as the capacity in which he signs, must appear for

example. John Doe Company per John Smith, Secretary, or Treasurer, as the case may be

I .				
Remit To:  Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260		of Innovation	Invoice: Invoice Date:	10083837 4/15/2015
			Due Date: Voucher:	5/15/2015 00000007
Bill To:				
EPA RESEARCH TRIANGLE PARK				
FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711			P.O. Ref:	
United States				
	Client Ref: EP-C-11-03	8/TO 0026 PR-ORD-14-01577		
PLEASE INCLUDE OUR INVOICE NUMBER BILLING PERIOD FROM 2/27/2015 TO 3/2	R AND CUSTOMER ID AS 26/2015	REFERENCED ABOVE ON THE REN	NITTANCE ADVICE. TH	IANK YOU.
Cost Appropriation	\$96,796.00	Fee Appropriation		\$5,749.00
				00,740.00
COST ELEMENTS		CUI	RRENT	
Net Total Cost	Net Amo	17,	634.39	CUMULATIVE 21,558.72
	a 200 - 200 page 1111	17	634.39	CUMULATIVE

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

**VENDOR CODE: EPC11038** 

TRANS CODE: CD

**VOUCHER NO: 7** 

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: BARNETT, FELICIA

**DESCRIPTION:** 

VOUCHER TYPE: C

CHECK TYPE:

D. O.: KC00

AGREEMENT #:

SUBMITTING SFO: 22

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150149

VOUCHER DATE: 04/15/2015

CLOSED DATE: 05/01/2015

SCHD DATE: 05/01/2015

VOUCHER AMT: 27,472.48

HOLDBACK AMT:

0.00

CLOSED AMT:

27,472.48

0.00

**OUTSTANDING AMT:** 

AGENCY HEAD APRVL:

IN TRANSIT AMT:

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150149

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

-----PAYMENT VOUCHER-----VENDOR CODE

TC

NUMBER

ADV NUM

LN

SITE ID

PAYMENT **AMOUNT** 

CHECK NUMBER

EPC11038

CD B5098101172

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0461

17,634.00 00391163

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PAYEE'S	BATTELLE N	MEMORIAL INSTITUTE					DATE IN	VOICE RECE	IVED		
AND ADDRESS		PT. L 998 IS. OHIO 43260					Discour	IT TERMS			
							PAYEEA	CCOUNT NU	MBER		
SHIPPED FROM		то					, [			GOVER	MMENT BIL HUNBER
NUMBER	DATE OF		ARTICLES OF	R SERVICES	<u> </u>			UNIT	SEIGE	₩	******
OF ORDER	DELIVERY OR SERVICE	(Ent	er description, item num schedule, and other int	mber of contr	act of Federal		Quantity	COST	PER	<u> </u>	AMOLNT
03/27/2015		COST REIMBURSABLE PROV	ISIONAL PAYMENT	The second second second second second	7.1			0001	PER	<u> </u>	
TO 04/30/2015	59	Please See Attached Con	ary Voucher" Cos					format	ion (C	BI)	\$55,436.77
USE CONTINUATI	ON SHEETS IN	REMIT TO: ACH-EP.	Tota  A all payments requested a elector processes and macro-dynamic conduction and a section and a	al	DEN NEO	55,436.77					u
PAYMENT	APPROVED		EXCHANGE FEE	NO   use the	space below)		DICCON	NORO	TOTAL		\$55.436.77
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PARTIAL	BY:2	-5					***********				
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(Date)			certifying officer)2			-		A.C	counting (Title		
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Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260	The Busine	ss of Innovation	Invoice: Invoice (		84999 /2015
		1	V		
Bill To:	-		Voucher	0000	00008
EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711 United States					
	Client Ref: EP-C-11	-038/TO 0026 PR-ORD-14-01	1577		
PLEASE INCLUDE OUR INVOICE NUMBER BILLING PERIOD FROM 3/27/2015 TO 4/3/	AND CUSTOMER ID AS R			DVICE. THANK	YOU.
Cost Appropriation	\$96,796.00	Fee Appropriation	O		\$5,749.00
COST ELEMENTS			Exemption 4 Confidential Business Information (CBI)		Exemption 4 Confidential Business Information (CBI)
Direct Labor - BCO		* ************************************	or		D. C.
Direct Labor - BTSO			4		9
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Total Fee		****	ଚ		ă
Net Total Cost		*************************		-	(2)
			46,473.80		68,032.52
	Net Amou	nt Due:	\$46,473.80		
BFG Risk Assessment					
I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.					

Accounting Officer

(Title)

Report Date: 04/20/2016 Page 1 of 1

### SCORPIOS Proof of Payment

VENDOR CODE: EPC11038 TRANS CODE: CD VOUCHER NO: 8

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C PROMPT PAY TYPE:

APPROVED BY: BARNETT, FELICIA

DESCRIPTION:

VOUCHER TYPE: C CHECK TYPE: D. O. : KC00

AGREEMENT #:

SCHD FISC YR: 2015 SCHD CAT: SCHD TYPE: C SCHD NO: AVC150167

VOUCHER DATE: 05/14/2015 VOUCHER AMT: 55,436.77

 SCHD DATE: 05/28/2015
 HOLDBACK AMT: 0.00

 CLOSED DATE: 05/28/2015
 CLOSED AMT: 55,436,77

SUBMITTING SFO: 22 OUTSTANDING AMT:

AGENCY HEAD APRVL: IN TRANSIT AMT: 0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015 SCHEDULE CAT: SCHEDULE TYPE: C SCHEDULE NUMBER: AVC150167

INDICATORS - TREAS ACT: POST TREAS ACT: POST DETAILS: EXP: BACKOUT:

-----PAYMENT VOUCHER-----SITE PAYMENT CHECK VENDOR CODE TC NUMBER ADV NUM LN ID **AMOUNT** NUMBER EPC11038 CD B5098173889 3 0461 35,461.00 03002623 4 0461 11,013.00 03002623

DEPAR	TANDARO FORM EVICED , AMUAR TMENT OF THE TYFEM 4, 200	THEASURY			PUBLIC V	OUCHER	FOR PURCI	HASES AN	O.			VOUCHER NO 00000009
EPA		ESTABLISHUENT A	NO LOCIATION	06/15/201	HER PICE PARE							SCHEDULE NO
FINANCIAL MAIL CODE	MANAGEN	E PARK MENT CENTER			038/Task C					******		PAID BY
RTP, NC 27			··	REGUASITION	I NUMBER AND	OATE						
PAYEE'S NAME		EMORIAL INSTITU	ΤE						DATE NO	OIGE RECE	(IVEO	
AND		T L 996 5 OHIO 43260						3		T TERMS		
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AND DATE OF ORDER	DEGIVERY DRISERVICE		(Enter 3	ARTICUS rescription, ite: edule_and oth	ES OR SERV	contract of Fe	ederal		Quantity		PRICE	AMOUNT
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(Date)		ILA)	horized cer	tifying officer).						A	counting (Title	
					ACCOUNT	CLASSIFICA	ITION					
CHECK NUMBE		ON ACCOUNT OF	U.S	1	CHECK NU	MEER		0	N (Name	of bank)		
CASH		DATE			FAYEE 3			***************************************				
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When a voucher is na company or corp	creation name, as	ficer will sign in the sp. name of a company or well as the cepacity in n Smith Secretary or	rerpera ion, th which he sign:	e name of the pe s, must appear to	ersons our long	TITLE						

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Remit To:		attelle		The second secon	The second secon
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RTP NC 27711					
United States					
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PLEASE INCLUDE OUR INVOICE NUMBER A	ND CUSTOMER ID AS	REFERENCED ABOVE ON THE	REMITTANCE ADV	ICE THANK YOU	
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			16,136.84		168.86
	No. Am.				<u></u>
	Net Amo	ount Due:	\$16,136.34		
BFG Risk Assessment					
I certify that all payments requested are for					
appropriate purposes and in accordance with					
the agreements set forth in the contract					
Accounting O	fficer				
(Name of Official) (Title)	ANNUARA.				

VENDOR CODE: EPC11038

TRANS CODE: CD

**VOUCHER NO: 9** 

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: BARNETT, FELICIA

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O.: KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150190

VOUCHER DATE: 06/15/2015

SCHD DATE: 06/29/2015

VOUCHER AMT: 19,122.64

HOLDBACK AMT:

0.00

CLOSED DATE: 06/29/2015

CLOSED AMT:

19,122.64

SUBMITTING SFO: 22

AGENCY HEAD APRVL:

**OUTSTANDING AMT:** 

IN TRANSIT AMT:

0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT: TREAS ACT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150190

BACKOUT:

POST TREAS ACT:

POST DETAILS:

EXP:

-----PAYMENT VOUCHER-----VENDOR CODE

TC

INDICATORS -

NUMBER

ADV NUM

SITE ID

**PAYMENT AMOUNT** 

CHECK NUMBER

EPC11038

CD B5098254724

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Remit To:	Batt	elle			
<b>Battelle Memorial Institute</b>		of Innovation	Invoice:	10087635	
Dept L 998		.,	Invoice Date		
COLUMBUS OH 43260			· · · · · · ·		
43260					
			Voucher:	00000010	
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Bill To:					
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RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER					-
MAIL CODE D143-02			L		
RTP NC 27711					
United States					
	Client Ref: EP-C-11-0	38/TO 0026 PR-ORD-14-01	577		
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PLEASE INCLUDE OUR INVOICE NUMBER	AND CUSTOMER ID AS REF	ERENCED ABOVE ON THE	REMITTANCE ADVI	CE. THANK YOU	
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Accounting Officer

(Title)

VENDOR CODE: EPC11038

TRANS CODE: CD

**VOUCHER NO: 10** 

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: HAGEL, WILLIAM A

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O.: KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150213

VOUCHER DATE: 07/15/2015

VOUCHER AMT:

SCHD DATE: 07/31/2015

HOLDBACK AMT:

18,861.66

CLOSED DATE: 07/31/2015

CLOSED AMT:

0.00

18,861.66

SUBMITTING SFO: 22

**OUTSTANDING AMT:** IN TRANSIT AMT:

0.00

AGENCY HEAD APRVL:

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

SCHEDULE CAT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150213

INDICATORS -

TREAS ACT:

POST TREAS ACT:

POST DETAILS:

EXP:

BACKOUT:

------PAYMENT VOUCHER-----VENDOR CODE

TC

NUMBER

ADV NUM

LN

2

SITE ID

PAYMENT **AMOUNT** 

CHECK NUMBER

EPC11038

CD B5098334204

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AND ADDRESS		PT 1 998 IS, OHIO 43260								CCOUNT NU	LEASE	
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			114						1 _			GOVERNMENT BIL NUMBER
NUMBER	DATE OF			ARTICL	ES OR SER	VICES		-		UNIT	PRICE	AMOUNT
OF ORDER	OR SERVICE			description, ite					Quantity	Pol-myreson		
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06/26/2015 TO 07/30/2015		Please See Atta	ached Contin	uation Sheets								\$23,686.07
				ar rapida de	ount of One of							
PAYMENT	APPROVED					se the space	below)	****			TOTAL	\$23,686.07
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PLEASE INCLUDE OUR INVOICE NUMBER AN BILLING PERIOD FROM 6/26/2015 TO 7/30/2	015	LERENCED ABOVE ON TH	E REMITTANCE A	DVICE, THAN	K YOU	
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Accounting Office						
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**VENDOR CODE: EPC11038** 

TRANS CODE: CD

VOUCHER NO: 11

NAME: BATTELLE MEMORIAL INSTITUTE

NO CHECK DISB FLAG: C

PROMPT PAY TYPE:

APPROVED BY: HAGEL, WILLIAM A

DESCRIPTION:

VOUCHER TYPE: C

CHECK TYPE:

D. O.: KC00

AGREEMENT #:

SCHD FISC YR: 2015

SCHD CAT:

SCHD TYPE: C

SCHD NO: AVC150238

**VOUCHER DATE: 08/17/2015** 

VOUCHER AMT:

SCHD DATE: 09/04/2015

HOLDBACK AMT:

23,686.07

CLOSED DATE: 09/04/2015

CLOSED AMT:

0.00

OUTSTANDING AMT:

23,686.07

SUBMITTING SFO: 22

AGENCY HEAD APRVL:

IN TRANSIT AMT:

0.00

COMMENTS TO PRINT: EPC11038/00026

DIRECT DISB NUMBER:

FY: 2015

INDICATORS -

SCHEDULE CAT: TREAS ACT:

SCHEDULE TYPE: C

SCHEDULE NUMBER: AVC150238

BACKOUT:

-----PAYMENT VOUCHER-----

POST TREAS ACT:

POST DETAILS:

EXP:

VENDOR CODE

TC

NUMBER

**ADV NUM** 

LN

3

SITE ID

PAYMENT AMOUNT

CHECK NUMBER

EPC11038

CD B5098416764

0461

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